

PLACER COUNTY Department of Museums Volunteer Application

NAME:		DATE:	
HOME ADDRESS:			
BUSINESS ADDRESS (if	applicable):		
HOME PHONE:		BUSINESS PHONE:	
EMAIL ADDRESS:			
BEST TIME(S) OF DAY T	O REACH YOU:		
List any education or paid work experience that would help you as a Museums Volunteer. (Please use a separate sheet, if necessary, or attach a resume):			
List any previous related vo	plunteer work experiences:		
List any skills, hobbies, or i	interests that you would be willing	to share with the Museums Depa	rtment:
Please indicate by rank the Museum Docent	volunteer activities in which you as Living History Docent	re interested ("1" indicates greate Archives Assistant	est interest): Research Assistant
Exhibit Assistant	Conservation Assistant	Receptionist	Photo-archives Volunteer
Outreach Docent	Web Site Volunteer	Graphic Artist	Special Project Volunteer
Is it necessary for you to lin	nit your physical activities in any w	vay? Yes No _	<u> </u>
If yes, what is the limitation			
How did you learn about ou	ır volunteer program?		
	cation online, then print it and either 95603, or fax it to 530-889-6510. It dparker@placer.ca.gov		